## PART B -FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address

as indicated unless correct for maintenance fee notif		erwise in Block	k 1, by (a) sp	ecifying a ne	w corresponder	nce address; and/o	or (b) indicati	ng a separate "FEE ADDRESS"	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  64280  MINTZ LEVIN COHN FERRIS GLOVSKY AND POPEO, P.C. One Financial Center Boston, Massachusetts 02111					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
						(Depositor's name)			
								(Signature)	
APPLICATION NO. FILING DATE FIRST NAMED INVEN					(Date)  FOR ATTORNEY DOCKET NO. CONFIRMATION NO.				
APPLICATION NO. 10/662,715	FILING DATE 09/15/2003			Gautam Dharamshi		ATTORNEY DOCKET NO. 34874-358/2003P00183US		9987	
TITLE OF INVENTIO				_					
APPLN. TYPE	SMALL ENTITY	ISSUE			ATION FEE	TOTAL FEE(	,	DATE DUE	
	Non-Provisional no		\$1,510.00 ART UNIT		\$300.00		00	04/11/2011	
EXAMINER AI  M. M. McLeod			JNIT 52	CLASS-S	SUBCLASS	_			
Correspondence "Fee Address" in form PTO/SB/4 Use of a Custor  3. ASSIGNEE NAME A PLEASE NOTE: Unle for recordation as set (A) NAME OF ASSIGN SAP AG	respondence address (o. 2 Address form PTO/SB/1 ndication (or "Fee Addres 7; Rev 03-02 or more recemer Number is required AND RESIDENCE DAT ess an assignee is identification in 37 CFR 3.11. Con NEE	22) attached. ss" Indication ent) attached.  A TO BE PRIN ed below, no as mpletion of this	attorneys or (2) the nam a registered up to 2 reginame is list VTED ON THE ssignee data value of the solution of the solu	r agents OR, a ne of a single d attorney or istered patent ted, no name v HE PATENT will appear or T a substitute B) RESIDEN	firm (having as agent) and the attorneys or ag will be printed.  (print or type) at the patent. If a for filing an as CE: (CITY and F, GERMANY	a member 2 enames of gents. If no 3 an assignee is ideassignment.	UNTRY)	the document has been filed	
Please check the appropria	te assignee category or category	ories (will not be	printed on the	patent):	Individual	X Corporation	or other private	group entity Government	
4a. The following fee(s) are enclosed:  X Issue Fee  X Publication Fee (No small entity discount permitted)			4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  X Payment by credit card. Form PTO-2038 is attached.						
Advance Order	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0311								
5. Change in Entity St	atus (from status indicate	ed above)							
a. Applicant clai	ims SMALL ENTITY sta	tus. See 37 CF	R 1.27.	b. Applic	ant is no longe	er claiming SMAL	L ENTITY s	tatus. See 37 CFR 1.27(g)(2).	
		d) will not be a	ccepted from					ication identified above.  ;; or the assignee or other party in	
Authorized Signature /Ido Ral			binovitch/			Date		April 8, 2011	
_	Typed or printed name Ido Rahinovitch, Fea					Pagistrat		1,0080	